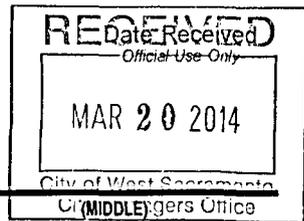


STATEMENT OF ECONOMIC INTERESTS



COVER PAGE
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Please type or print in ink.

NAME OF FILER (LAST)
JOHANNESSEN

MARK 2014 MAR 26 PH 2: 30

FREDRIK

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF WEST SACRAMENTO

Division, Board, Department, District, if applicable

Your Position
CITY COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED

Position: SEE ATTACHED

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County YOLO, SOLANO
- City of WEST SACRAMENTO

- Judge or Court Commissioner (Statewide Jurisdiction)
- County of YOLO
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is _____, through December 31, 2013.

- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached

- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. I certify that the information furnished on this statement, and in any attached schedules is true and complete. I acknowledge that this statement and any attached schedules are public records. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/10/14
(month, day, year)

SCHEDULE D
Income – Gifts

Name
MARK JOHANNESSEN

▶ NAME OF SOURCE *(Not an Acronym)*
CONSUMER ATTORNEYS OF CALIFORNIA

ADDRESS *(Business Address Acceptable)*
770 L ST. STE 1200, SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
TRADE ASSOCIATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 15 / 13	\$ 130	MEAL/BEVERAGE
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
APAPA

ADDRESS *(Business Address Acceptable)*
4000 TRUXEL RD. #3 SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501(c)(3) ORGANIZATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 29 / 13	\$ 20	MEAL/BEVERAGE
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
REGIONAL BUILDERS

ADDRESS *(Business Address Acceptable)*
1331 T ST., SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
TRADE ASSOCIATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 6 / 13	\$ 190	MEAL/BEVERAGE
1 / 26 / 13	\$ 75	MEAL
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
SACRAMENTO CENTRAL LABOR COUNCIL

ADDRESS *(Business Address Acceptable)*
2840 EL CENTRO RD. #111, SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LABOR ORGANIZATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 9 / 13	\$ 125	MEAL/BEVERAGE
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
WALLACE ADVISORS

ADDRESS *(Business Address Acceptable)*
711 UNIVERSITY AVE., SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CONSULTANT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 18 / 13	\$ 30	MEAL/BEVERAGE
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
SACRAMENTO ASSN OF REALTORS

ADDRESS *(Business Address Acceptable)*
2003 HOWE AVE., SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
TRADE ASSOCIATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 22 / 13	\$ 200	MEAL/BEVERAGE
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

Mark Johannessen
Form 700

Attachment to Page 1, Item 1

Agency: Sacramento Yolo Port District
Position: Commissioner

Agency: Yolo-Solano Air Quality Management District
Position: Council Representative

Agency: Yolo County Housing Commission
Position: Commissioner

Attachment to Schedule D

Name of Source: Allen Warren
Address: 915 I Street, Sacramento, CA 95814
Business activity: N/A
Date: 2/1/13
Value: \$150
Description: Dinner table sponsorship

Name of Source: Civil Justice Association of California
Address: 1201 K Street, Ste 1850, Sacramento, CA 95814
Business activity: Trade association
Date: 10/8/13
Value: \$24.09
Description: Meal and beverage